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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	February 18, 2005
First Named Inventor	AHMED, Nuzhat
Title	MARKER FOR CANCER
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	084532-000000US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>x AHMED</i>	Date	<i>x 5/5/05</i>
Name	<i>NUZHAT AHMED</i>	Telephone	<i>9344 2616</i>
Title and Company	<i>Head Cancer Metastasis Group, Gynaecological Cancer Research Centre</i>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.*Royal
Ahmed's
Hospital*